

Dennis, Willie (MR # 6174201) DOB: 03/30/1962

Dennis, Willie

MRN: 6174201



**Justin George, MD**  
Physician  
Vascular

Progress Notes   
Signed

Encounter Date: 11/30/2023 \*

**VASCULAR CLINIC NOTE**

Name: Willie Dennis MRN: 6174201 DOB: 3/30/1962

**SUBJECTIVE/OBJECTIVE****History of Present Illness:**

Willie Dennis is a 61 y.o. male history of PAD, right leg claudication and severe rest pain as well as left leg rest pain who presented to MSH for coronary procedure. He complaints of long history of right leg pain occasionally wakes him from sleep. Pain in thigh and calf with less than 1 block. Of note patient currently incarcerated. Denies wounds or ulcerations in leg. He reports he had some workup at NYU but unclear findings.

7/6/23 patient presents for follow up. Has severe bilateral claudication <1 block. Can barely get up and walk. Cannot do his daily activities. Has tried walking/exercising but pain too severe cannot walk at all.

8/31/23- presents for follow up. No fevers. Redness resolved from right knee incision. Has been trying to do exercise therapy.

11/30/23- presents for follow up. He was intially following walking protocol with improvement in symptoms; however, hernia symptoms wrosened and he has not been walking regimented exercise program. Since then he has developed worsening swelling in right forefoot and sensory changes.

**Procedures:**

7/25/23- left SFA atherectomy and stent

7/26/23- right fem-AK pop bypass with PTFE

8/9/23- explant of infected right fem-AK bypass with PTFE

**Review of Systems**

Constitutional: Negative for chills, fatigue, fever, sweats.

Vision: Negative for vision change, blurriness, double vision, and eye discharge.

Head and Neck: Negative for head or neck pain, hearing change, ear discharge, and voice changes.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.

Genitourinary: Negative for pain or burning on urination, incontinence of urine, blood in urine.

Musculoskeletal: see HPI.

Skin: Negative for rash, itching.

Neurological: Negative for dizziness and headaches.

All other systems reviewed and are negative unless otherwise state in HPI.

**Past Medical/Surgical History:**

Past Medical History:

B

**Diagnosis**

Date

- AAA (abdominal aortic aneurysm)
- CHF (congestive heart failure)
- Coronary artery disease
- Essential (primary) hypertension
- HLD (hyperlipidemia)
- Inguinal hernia
- *Right*
- Insomnia
- Umbilical hernia

**Past Surgical History:**

**Procedure**

Laterality

Date

- ANGIOGRAM EXTREMITIES  
BILATERAL
- CT ANGIOGRAM ABDOMEN/PELVIS 07/2023
- HX CARDIAC STENT PLACEMENT 03/2023

**Family History:**

No family history on file.

**Social History:**

**Social History**

**Socioeconomic History**

- Marital status: DIVORCED
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

**Occupational History**

- Not on file

**Tobacco Use**

- Smoking status: Never
- Smokeless tobacco: Never

**Vaping Use**

- Vaping Use: Never used

**Substance and Sexual Activity**

- Alcohol use: Not Currently
- Drug use: Never
- Sexual activity: Not on file

**Other Topics**

Concern

- Not on file

**Social History Narrative**

- Not on file

**Social Determinants of Health**

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Unknown

- Lack of Transportation (Medical): No

- Lack of Transportation (Non-Medical): Not on file
- Physical Activity: Not on file  
Stress: Not on file  
Social Connections: Not on file  
Housing Stability: Unknown
- What is you/your family's current housing status?: Not Applicable
  - Do you/your immediate family currently have any housing concerns (e.g. safety, stability)?:  
N/A
  - If yes, please select reasons for concern(s):: Not on file
  - Unable to Pay for Housing in the Last Year: Not on file
  - Number of Places Lived in the Last Year: Not on file
  - Unstable Housing in the Last Year: Not on file

**Allergies:**

No Known Allergies

**Vitals:**

There were no vitals filed for this visit.

**Physical Exam:** Vitals reviewed.

Constitutional:

General: Awake, Alert, not in acute distress.

Appearance: Normal appearance. Not ill-appearing.

HENT:

Head: Normocephalic, Atraumatic

Ears: External ear nontender without swelling.

Neck: Neck is supple without adenopathy. Trachea is midline.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

External Chest normal in appearance. Heart rate and rhythm normal.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Nondistended, soft, no focal tenderness.

Musculoskeletal:

General: No swelling. Normal range of motion.

**Nonpalpable pedal pulses**

**Right groin and AK pop incisions C/D/I staples removed.**

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.

Psychiatric:

Mood and Affect: Mood normal.

Thought Content: Thought content normal.

**Duplex Findings:**

4/27/23- diminished waveforms at bilateral CFA concerning for inflow disease. Low wave forms in distal aorta. Severe bilateral SFA/popliteal disease, severe tibial disease

CTA 7/6/23 demonstrates right common iliac artery aneurysm 2.5cm, bilateral SFA occlusion, bilateral tibial disease  
8/31/23- left SFA stents patent.  
11/30/23- right sfa AK pop occluded, reconstitution of below knee popliteal. Left fem/pop tibial patent without HDS.

#### ASSESSMENT/RECOMMENDATIONS

Willie Dennis is a 61 y.o. male with history of PAD, severe claudication s/p left SFA stent, right fem-AK pop bypass c/b infection s/p explant.

#### PLAN:

- continue aspirin plavix as patient has drug eluting stents
- patient requires ability to do self direct or physical therapist observed exercise regimen consisting of walking 100 ft unrestricted multiple laps at least 3 separate times a day in addition to standard physical therapy. He is limited by his hernia and is requesting hernia repair.
- f/u in 3 months to assess severity of claudication
- given patients cardiac history, surgical lower extremity history, would be appropriate to f/u here for his hernia repair with Dr. Scott Nguyen or Dr. Linda Zhang. Will discuss with Dr. Bailor.

Justin M. George, MD

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Office Number: 212-241-0005

Surgery Follow-Up on 11/30/2023 Note shared with patient

#### Additional Documentation

Flowsheets: Infectious Disease Screening Tool, Indicate Patient Location

#### Orders Placed

None

#### Medication Changes

As of 11/30/2023 12:34 PM

None

#### Visit Diagnoses

Primary: PAD (peripheral artery disease) I73.9

December 2, 2023

David,

Last Thursday, November 30, 2023, I had a follow up exam with my Vascular Surgeon at Mount Sinai Hospital, Dr. John George.

I have enclosed a copy of the "Progress Notes" written by Dr. George following the examination and dated November 30, 2023. (Exhibit A)

During the exam Dr. George found that the hernias in my right testicle and stomach had "worsened" resulting in my not being able to follow the exercise therapy he prescribed during my last exam on August 31, 2023. This in turn has resulted in diminished blood flow in my right leg causing "swelling in my right foot." (Please see page 4, paragraph 3 of the Progress Notes).

Dr. George reminded me during the exam that during my prior

- 2 -

December 2, 2023

exam on August 31, 2023 he had advised me to have the hernias repaired as soon as possible to avoid the worsening conditions I now face with respect to all my medical problems

Dr George believes that the hernia repairs should be done at Mount Sinai since all my surgical procedures this year were completed at Mount Sinai, including (i) three stents placed in my heart (ii) the placement of three stents in my left leg and (iii) the placement and later removal due to infection of an artificial vein in my left leg. Dr George has even identified the doctors at Mount Sinai he believes should repair the hernias, Dr Scott Nguyen or Dr Linda Zhang. (Please see page 4 underneath the caption "Plan")

Dr George further noted that if these issues cannot be resolved in the right manner I risk an amputation of a portion or all of my right leg

Given the results of the recent

-3-

Decemb. 2, 2023

examination this past Thursday, I am hoping can be expedited and I can have my hernia repaired as soon as possible at Mount Sinai.

As James Golden is helping on the medical front I am requesting that you provide him with (i) a copy of Dr. George's Progress Notes dated August 31, 2023 and (ii) the best contact information at MDC for him to make the request. If you feel you are best suited to make this request please proceed.

As you can imagine at this point time is of the essence on the medical side.

Thank you for all your support.  
Willie.

Btw Please include this letter together with Exhibit A to my request for a 90 day extension of my appeal.